

PART B - FEE(S) TRANSMITTAL

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26774 7590 10/14/2011
NIXON PEABODY LLP - PATENT GROUP
1100 CLINTON SQUARE
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	(Depositor's name)
	(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/574,885	03/14/2007	Martin Pera	2354/380	3366

TITLE OF INVENTION: A CELL MARKER FOR HEPATIC AND PANCREATIC STEM CELLS AND PROGENITOR CELLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$870	\$300	\$0	\$1170	01/17/2012

EXAMINER	ART UNIT	CLASS-SUBCLASS
BELYAVSKYI, MICHAEL A	1644	530-388100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<input type="checkbox"/> Nixon Peabody LLP 1 _____ 2 _____ 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature /Joseph M. Noto/ Date January 11, 2012

Typed or printed name Joseph M. Noto Registration No. 32,163

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